

**ACTON BOARD OF HEALTH**  
**ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER**

D.H.  
5/30/07

Facility Name: Acton WWTF  
Type of Business: WWTF  
Address: 20 ADAMS ST.  
Telephone: 897-8211  
Contact Person: Brian Bourque

**Housekeeping:**

Is area clean:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are spills present:	<input type="radio"/> yes	<input checked="" type="radio"/> no
Is there appropriate storage of materials:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are materials and wastes kept separate:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are spill cleanup materials available:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Materials have secondary containment:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are materials and wastes labeled:	<input checked="" type="radio"/> yes	<input type="radio"/> no

**Safety:**

Are MSDSs available on site:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Is employee personal protective equipment available on site:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are employees trained in hazardous materials handling:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are emergency procedures posted:	<input checked="" type="radio"/> yes	<input type="radio"/> no

**Site Management:**

Are wastes removed by a licensed hauler:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Are floor drains present in any area with hazardous materials or waste:	<input type="radio"/> yes	<input checked="" type="radio"/> no
Are sinks present in any area with hazardous materials or waste:	<input type="radio"/> yes	<input checked="" type="radio"/> no
Is testing of septic system necessary:	<input type="radio"/> yes	<input type="radio"/> no N/A
Does site plan on file reflect current arrangement:	<input checked="" type="radio"/> yes	<input type="radio"/> no
Any UST (underground storage tank) present:	<input type="radio"/> yes	<input checked="" type="radio"/> no
If UST present, is it alarmed:	<input type="radio"/> yes	<input type="radio"/> no N/A

**Action Items**

All OK

Reinspection required? Yes ☐ No ☒ Date: \_\_\_\_\_

Brian P. Bourque  
Representative Signature

[Signature]  
Inspector Signature

## **HAZARDOUS MATERIALS CONTROL PERMIT**

### **LIST OF CONDITIONS:**

**Town of Acton Wastewater Treatment Plant  
20 Adams Street  
Acton, MA 01720**

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Pursuant to the authority of Chapter I - Hazardous Materials Control Bylaw - of the Town of Acton's General Bylaws, the Board of Health has considered your application and plans submitted therewith, and has determined that the materials to be stored, used or generated, are within the scope of said bylaw. The Board of Health hereby orders that the following conditions are necessary and all storage, use or generation must be performed in strict conformance herewith:

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1. All liquid Hazardous Materials and Wastes shall be stored in a containment area capable of containing 110% of the largest volume stored in the containment area.
2. All Materials Safety Data Sheets (MSDSs) for the Hazardous Materials shall be maintained on site. MSDSs shall be reviewed with employees at the time of their employment and on an annual basis thereafter. MSDS must be made available to all employees upon request.
3. A Contingency Plan, including emergency contact numbers (Telephone numbers of owner, operator, etc.) and a sketch showing clearly all Hazardous Material and Waste locations shall be submitted and updated annually, to the Board of Health, Fire Department, Police Department, and Civil Defense.
4. Emergency procedures and local Emergency Response Telephone Numbers (Health, Fire, Police, D.E.P., Civil Defense, etc.) should a spill occur, shall be posted in clear view of all employees where Hazardous Materials or Wastes are used or stored.
5. All Hazardous Wastes must be disposed of by a Licensed, D.E.P. approved, hauler or be recycled on site.
6. Copies of either all invoices or manifests for any Hazardous Materials or Wastes, received or disposed, shall be submitted to the Board of Health annually.
7. All Hazardous Materials Containers shall be labeled and dated when filling first began.
8. Speedy Dry, or its equivalent, shall be kept in the storage area, in case of a Hazardous Materials or Wastes spill.
9. Floor cleaning procedures and bathroom sanitation products shall use only nontoxic and biodegradable cleaning compounds.
10. All floor drains shall be sealed or discharged into a closed system, with the waste disposed of by a D.E.P. approved Hazardous Waste Hauler.
11. Protective equipment, including chemical resistant gloves, eye goggles and (rubber) boots, in addition to soap and water, shall be made available to all employees, at all times, in any Hazardous Materials or Waste storage or use area.

13. A safety eye wash station shall be installed where any Hazardous Materials or Wastes are handled or used.
15. No food or drink shall be stored or consumed in any area where Hazardous Materials are stored or used.
18. D.E.P. Generator Registration shall be provided annually upon renewal of the Hazardous Materials Storage Permit.
25. Prior to any new chemical or processes being used, the Board of Health shall be notified.
26. The operation of this facility shall be in compliance with all present and future regulations of E.P.A. and D.E.P. at all times. Nothing in this permit allows or requires non-compliance with all present and future applicable laws or regulations of the Federal or State Governments.